Applications for Rural Health Outreach Grant
Now Being Accepted

We are pleased to announce that we are now accepting applications for the annual MultiPlan Rural Health Outreach Grant.

The grant, a program that is unique in the PPO industry, provides financial resources to rural hospitals that participate in one or more of our networks to help offer new services, expand existing services, or reach new populations. Our broad guidelines encourage creativity and accommodate the greatest possible variety of programs to address the unique healthcare needs of rural communities.

Hospitals applying for the grant are encouraged to "think outside the box" in terms of finding new ways to serve the healthcare needs of people in their communities. Dr. Anthony Sposato, Corporate Medical Director for MultiPlan, said, "The world in which we operate is rapidly changing, and the Rural Health Outreach Grant is one way we can support hospitals in our networks to meet these challenges and transform healthcare for rural communities."

Innovation in Cancer Care—a Partnership with MultiPlan

Cancer treatment is going beyond the historical chemotherapy, radiation therapy and even stem cell transplant to more innovative treatments called adoptive cell transfer (ACT).* Adoptive Cell Transfer is "engineering one's own cells to recognize and attack tumors.** One form of this immunotherapy, CAR T-Cell therapy, is showing incredible promise as an option for B-cell cancers, such as Acute Lymphoblastic Leukemia (ALL), Chronic Lymphoblastic Leukemia (CLL), and Non-Hodgkin Lymphoma. MultiPlan partners with many cancer centers across the country providing access to CAR T-Cell therapy through our primary and complementary networks as well as our Centers of Excellence network for bone marrow/stem cell transplantation.

If you identify a patient with a B-Cell cancer, you may consider referring him/her to a cancer treatment center that is currently participating in one of the many clinical trials for CAR T-Cell therapy and that provides stem cell transplantation as a treatment option. One such partner, the Sarah Cannon Blood Cancer Network, the blood cancer arm of Hospital Corporation of America's cancer institute, is currently conducting CAR T-Cell trials and is a stem cell transplant provider in the MultiPlan Centers of Excellence transplant network. Click here for a list of providers in MultiPlan's COE transplant network.

Click here to learn more about CAR T-Cell therapy at Sarah Cannon.

If you need assistance referring a patient to a Sarah Cannon Blood
changing when it comes to the resources we have to communicate with and deliver services to healthcare recipients. We encourage grant applicants to consider these in their program development.*

This year we will award four grants of $7,500 each. A grant application and additional program information are available on our website. Applications must be received by April 22, 2016. Grant awards will be announced in May. For more information about the Rural Health Outreach Grant, please contact us.

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### MultiPlan Announces Expansion in Texas Medicaid Markets

The Texas Health and Human Services Commission (THHSC) recently awarded contracts to support expansion of the STAR Kids Medicaid managed care program into the Central, Northeast and West Rural Service Areas of the state. The implementation date for this expansion is November 1, 2016.

Two MultiPlan clients, Amerigroup and UnitedHealthcare, were among the contracts awarded. As a result, MultiPlan is expanding our Texas True Choice Network to support the STAR Kids program for our clients and their members receiving care under the program. We notified many of our providers participating in our Texas True Choice Network about this expanded access via letter in February. We are currently recruiting providers for this important program; if you are interested in participating, please complete the Application Request Form on our website.

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### Code of Conduct

MultiPlan's Code of Business Conduct and Ethics contains the legal and ethical standards of conduct required of all parties with which MultiPlan contracts. We expect that all providers participating with MultiPlan to comply with our Code's high ethical, moral and legal principles in every aspect of their business conduct. CMS requires that we notify providers of this code, which is available on our website.

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### Practical Matters: Notes from Dr. Anthony Sposato, MultiPlan Corporate Medical Director

When completing your recredentialing application, remember to complete the Specialty section of the form to list your medical/surgical specialty(ies). These designations will be included in our provider directories and online provider search.

We follow Accreditation Council for Graduate Medical Education (ACGME) recognized specialty and subspecialty program designations. We will also allow for listing specialty or subspecialty practice designations certified by an American Board of Medical Specialties (ABMS) recognized Board.

We are continuously evaluating evolving areas of medicine and surgery to determine whether new practice and/or specialty areas warrant inclusion to our accepted provider specialties. Factors we consider when evaluating areas of medicine and surgery to include in our accepted provider specialties include, but are not limited to, the following:

1. New practice and/or specialty areas that are in demand by patients and healthcare providers.
2. New practice and/or specialty areas that are recognized by the American Board of Medical Specialties (ABMS) or ACGME.
3. New practice and/or specialty areas that are recognized by the American Board of Emergency Medicine (ABEM).
4. New practice and/or specialty areas that are recognized by the American Board of Family Practice (ABFP).
5. New practice and/or specialty areas that are recognized by the American Board of Internal Medicine (ABIM).
6. New practice and/or specialty areas that are recognized by the American Board of Pediatrics (ABP).
7. New practice and/or specialty areas that are recognized by the American Board of Orthopedic Surgery (ABOS).
8. New practice and/or specialty areas that are recognized by the American Board of Otolaryngology (ABOT).
9. New practice and/or specialty areas that are recognized by the American Board of Obstetrics and Gynecology (ABOG).
10. New practice and/or specialty areas that are recognized by the American Board of Surgery (ABPS).
11. New practice and/or specialty areas that are recognized by the American Board of Dermatology (ABD).
12. New practice and/or specialty areas that are recognized by the American Board of Anesthesiology (ABAn).
13. New practice and/or specialty areas that are recognized by the American Board of Neurology (ABN).
14. New practice and/or specialty areas that are recognized by the American Board of Nephrology (ABN).
15. New practice and/or specialty areas that are recognized by the American Board of Oncology (ABO).
16. New practice and/or specialty areas that are recognized by the American Board of Radiology (ABR).
17. New practice and/or specialty areas that are recognized by the American Board of Pathology (ABP).
18. New practice and/or specialty areas that are recognized by the American Board of Preventive Medicine (ABP).
19. New practice and/or specialty areas that are recognized by the American Board of Physical Medicine and Rehabilitation (ABPM).
20. New practice and/or specialty areas that are recognized by the American Board of Pulmonology (ABP).
21. New practice and/or specialty areas that are recognized by the American Board of Urology (ABU).
22. New practice and/or specialty areas that are recognized by the American Board of Vascular Surgery (ABVS).

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### CAQH Registration

Did you know that you can complete one application that is accepted by all health plans that participate with CAQH (The Council for Affordable Quality Healthcare)? CAQH eases your administrative load by reducing the paperwork associated with the credentialing process. This is just one advantage of credentialing through CAQH.

To get started, register as a new user through CAQH ProView™ to obtain your CAQH Provider ID. (Click here for a bulletin.) Once you have your CAQH Provider ID, you can begin the CAQH registration process.

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### Notices for Providers Participating in Medicare Advantage Programs

#### Changes to Demographic Information and Provider Panels

CMS requires our clients that are Medicare Advantage Sponsors to maintain information regarding network adequacy and availability. To support this requirement, MultiPlan asks all providers participating in our Medicare Advantage Network to inform us of any changes to your provider directory information (e.g., street address, phone number, office hours) and whether you are accepting new patients. Please promptly inform MultiPlan of any changes to this information.

#### Fraud, Waste and Abuse Training Requirement

The Centers for Medicare & Medicaid Services (CMS) and MultiPlan network provider agreements for participation in the Medicare Advantage Network mandate that all those contracted to provide healthcare services to Medicare Advantage beneficiaries complete the requisite General Compliance and Fraud, Waste and Abuse (FWA) training within 90 days of the contracting and annually thereafter.

As of January 1, 2016, CMS requires all downstream entities, such as providers participating in MultiPlan’s Medicare Advantage Network and their employees and subcontractors, to complete the CMS developed web-based compliance training available on the Medicare Learning Network (MLN). Providers participating in the Medicare program are deemed to have met the CMS compliance training requirement for FWA. However, these providers are still required to complete the CMS standardized General Compliance training.

Providers participating in MultiPlan’s Medicare Advantage Network have the following three options to ensure they have satisfied the General Compliance and FWA training requirements:

1. Complete the General Compliance and/or FWA training modules located on the CMS MLN. Once an individual completes each of the trainings, the MLN system will generate

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consider whether recognized pathways for training and/or certification are available and whether patients could benefit from enhanced direction.

I welcome discussion and feedback on this topic. As always, if you have questions or comments about our quality monitoring activities or your participation with MultiPlan, please feel free to contact me.

Provider Portal Redesign

In mid-May, the Provider Portal will take on a new look. Much of the functionality will remain the same, but we will introduce some new features and tweak some existing features to improve workflows. You can read about the changes here.

If you do not have a portal login, now is a great time to sign up. Healthcare providers and their staff can go here and choose "Click here if you do not have an account" for self-registration options. As a reminder, the portal is secure and completely web-based with no downloads required or software to install. Bookmark it today to manage your network-related information, claims and service requests.

ValuePoint by MultiPlan®

ValuePoint by MultiPlan is our access card program that lets you serve the growing patient population who are responsible for more of their healthcare costs while preserving the key benefits you expect from participation in a PPO network:

- Low collection risk — Patients pay your MultiPlan contracted rate in full at the time of service.
- Patient steerage — With members from some of the country’s most recognized companies, including our client Optum HealthAllies.
- Administrative ease— Simply call the number on the ID card to obtain your MultiPlan fee schedule information and collect that amount from the patient.

For more information about ValuePoint, including how to identify members, calculate payment and collect reimbursement, click here.

Follow us on LinkedIn!

MultiPlan is now on LinkedIn. If you are active on LinkedIn, please check out the MultiPlan company

Although the training content cannot be modified, CMS will allow modifications to the appearance of the content (i.e. font, color, background, format, etc.). Additionally, providers may enhance or wrap around the CMS training content by adding topics specific to their organization or the employee’s job function. At MultiPlan’s request, providers must submit an attestation confirming that they have completed the appropriate General Compliance and FWA training.

Providers participating in MultiPlan’s Medicare Advantage Network are required to maintain evidence of completion of the General Compliance and FWA trainings, such as training materials, training logs and program materials, for a period of ten (10) years and must make such evidence available to MultiPlan for review upon request.

Payer News

We are sharing this news from select client payers for your convenience.

In-Network Access for HealthyCT Members

We are pleased to announce that HealthyCT members have in-network access to MultiPlan's PHCS Network. HealthyCT is a non-profit health insurance company based in Wallingford, Connecticut. Members are predominantly located in Connecticut, Massachusetts, New Jersey, New York and Rhode Island.

You can find more information about HealthyCT on their website or by calling HealthyCT Provider Services at 855-208-1641.

Cigna 2016 Guide to Preventive Health Coverage Now Available

Cigna's Guide to Preventive Health Coverage for Health Care Professionals has been updated for 2016. Click here for a copy of the guide or visit the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Clinical Health and Wellness Programs > Care Guidelines).

Aetna Provider Newsletters Available Electronically

To learn more and register for Aetna newsletters and policy updates, click here or paste this address into your web browser: http://www.aetna.com/healthcare-professionals/news/regional_hcp_newsletters.html.